

B. Any chest operations? If yes, please specify _____		1. Yes —	2. No —
C. Any chest injuries? If yes, please specify _____		1. Yes —	2. No —
27A. Has a doctor ever told you that you had heart trouble?		1. Yes —	2. No —
IF YES TO 27A: B. Have you ever had treatment for heart trouble in the past 10 years?		1. Yes —	2. No — 3. Does Not Apply —
28A. Has a doctor ever told you that you had high blood pressure?		1. Yes —	2. No —
IF YES TO 28A: B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?		1. Yes —	2. No — 3. Does Not Apply —
29. When did you last have your chest X-rayed? (Year) _____		25	26 27 28
30. Where did you last have your chest X-rayed (if known)? _____ What was the outcome? _____			
<b>FAMILY HISTORY</b>			
31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as: FATHER 1. Yes 2. No 3. Don't Know 1. Yes 2. No 3. Don't Know MOTHER			
A. Chronic Bronchitis?	—	—	—
B. Emphysema?	—	—	—
C. Asthma?	—	—	—
D. Lung cancer?	—	—	—
E. Other chest conditions	—	—	—
F. Is parent currently alive?	—	—	—
G. Please Specify	—	—	—
	Age if Living	Age if Living	Age if Living
	Age at Death	Age at Death	Age at Death
	Don't Know	Don't Know	Don't Know

H. Please specify cause of death _____		1. Yes —	2. No —
<b>COUGH</b>			
32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) (If no, skip to question 32C.)		1. Yes —	2. No —
B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week?		1. Yes —	2. No —
C. Do you usually cough at all on getting up or first thing in the morning?		1. Yes —	2. No —
D. Do you usually cough at all during the rest of the day or at night?		1. Yes —	2. No —
IF YES TO ANY OF ABOVE (32A, B, C, or D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE			
E. Do you usually cough like this on most days for 3 consecutive months or more during the year?		1. Yes —	2. No — 3. Does Not Apply —
F. For how many years have you had the cough?		Number of Years	Does not apply —
33A. Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 33C)		1. Yes —	2. No —
B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?		1. Yes —	2. No —
C. Do you usually bring up phlegm at all on getting up or first thing in the morning?		1. Yes —	2. No —
D. Do you usually bring up phlegm at all during the rest of the day or at night?		1. Yes —	2. No —
IF YES TO ANY OF THE ABOVE (33A, B, C, or D), ANSWER THE FOLLOWING: IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.			
E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?		1. Yes —	2. No — 3. Does not apply —

6

IF YES TO 40A:  
FOR PERSONS WHO HAVE EVER SMOKED A PIPE

1. How old were you when you started to smoke a pipe regularly?
2. If you have stopped smoking a pipe completely, how old were you when you stopped?

On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?

Q. How much pipe tobacco are you smoking now?

Do you or did you inhale the pipe smoke?

41A. Have you ever smoked cigars regularly?  
(Yes means more than 1 cigar a week for a  
year)

**IF YES TO 41A**  
**FOR PERSONS WHO HAVE EVER SMOKED CIGARS**

- B. 1. How old were you when you started smoking cigars regularly?
2. If you have stopped smoking cigars completely, how old were you when you stopped.

C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?

D. How many cigars are you smoking per week now?

Q. No or did you inhale the cigar smoke?

Age	---
Age stopped	---
Check if still	---
smoking pipe	---
Does not apply	---

— oz. per week (a standard  
pouch of tobacco contains  
1 1/4 oz.)  
Does not apply

oz. per week  
Not currently  
smoking a pip

1. Never smoked  
2. Not at all  
3. Slightly  
4. Moderately  
5. Deeply

1. Yes — 2. No —

**Age**

Age stopped  
Check if still  
smoking cigars  
Does not apply

Cigars per week

Cigars per week  
Check if not  
smoking cigars  
currently

1. Never smoked
2. Not at all
3. Slightly
4. Moderately
5. Deeply

Date \_\_\_\_\_

**Signature**

**NAME:** \_\_\_\_\_

2.	SOCIAL SECURITY #	1	2	3	4	5	6	7	8	9
3.	CLOCK NUMBER				10	11	12	13	14	15

4. PRESENT OCCUPATION

5. PLANT \_\_\_\_\_

6. ADDRESS \_\_\_\_\_

7. \_\_\_\_\_ (Zip Code)

• TELEPHONE NUMBER \_\_\_\_\_

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1. **Introduction**

11. What is your marital status?

1. Single	.....	Divorced
2. Married	.....	
1. Widowed	.....	

## 112. OCCUPATIONAL HISTORY

12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?	1. Yes	2. No
12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?		

UP YES TO 12A:

128. In the past year, did you work  
in a dusty job?

	1. Yes	2. No
	Apply	Apply
	Does Not	Does Not

12C. Was dust exposure:      1. Mild      2. Moderate      3. Severe

12D. In the past year, were you exposed to gas or chemical fumes in your work?

12P. Was exposure: 1. Mild — 2. Moderate — 3. Severe —

12F. In the past year, what was your:

1. Job/occupation? \_\_\_\_\_

2. Position/job title? \_\_\_\_\_

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13. RECENT MEDICAL HISTORY		Yes or No	Further Comment on Positive Answer
13A. Do you consider yourself to be in good health?		—	—
If NO, state reason — Yes — No —			
13B. In the past year, have you developed:		—	—
Epilepsy?	Yes	No	—
Rheumatic fever?	—	—	—
Kidney disease?	—	—	—
Bladder disease?	—	—	—
Diabetes?	—	—	—
Jaundice?	—	—	—
Cancer?	—	—	—
14. CHEST COLDS AND CHEST ILLNESSES		Yes or No	Further Comment on Positive Answer
14A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)		—	—
1. Yes — 2. No —		—	—
3. Don't get colds —		—	—
15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?		—	—
1. Yes — 2. No —		—	—
3. Does Not Apply —		—	—
IF YES TO 15A:		—	—
15B. Did you produce phlegm with any of these chest illnesses?		—	—
1. Yes — 2. No —		—	—
3. Does Not Apply —		—	—
15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?		—	—
Number of illnesses —		—	—
No such illnesses —		—	—
16. RESPIRATORY SYSTEM		—	—
In the past year have you had:		—	—
Asthma	Yes or No	—	Further Comment on Positive Answer
Bronchitis	—	—	—
Hay Fever	—	—	—
Other Allergies	—	—	—
Pneumonia		—	—
Tuberculosis		—	—
Chest Surgery		—	—
Other Lung Problems		—	—
Heart Disease		—	—
Do you have:		—	—
Frequent colds	—	—	—
Chronic cough	—	—	—
Shortness of breath when walking or climbing one flight or stairs	—	—	—
Do you:	—	—	—
Wheeze	—	—	—
Cough up phlegm	—	—	—
Smoke cigarettes	—	—	Packs per day — How many years —
Date		Signature	

BILLING CODE 4910-20-C